FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

APR 1 7 2007

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OMB Number: 3235-0076 Expires April 30, 2008 Estimated average burden hours per response: 16.00

OMB APPROVAL

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
	DATE F	RECEIVED				

1211047							
1011011							
Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Goldman Sachs Direct Strategies Fund, LLC: Limited Liability Company Units							
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☑ Rule 506	☐ Section 4(6) ☐ ULOE						
Type of Filing: ☐ New Filing ☑ Amendment							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)							
Goldman Sachs Direct Strategies Fund, LLC							
Address of Executive Offices (Number and Street, City, State Zip Code)	Telephone Number (including Area Code)						
32 Old Slip, New York, New York 10005 (212) 902-1000							
Address of Principal Business Operations (Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices) PROCESSED							
Brief Description of Business							
To operate as a private investment fund. APR 2 7 2007							
THOUSE							
Type of Business Organization							
□ corporation □ limited partnership, areal ANGIAL	☑ other (please specify):						
□ business trust □ limited partnership, to be formed	Limited Liability Company						
Manda Van	· · · · · · · · · · · · · · · · · · ·						
Actual or Estimated Date of Incorporation or Organization: Month Year 1 1 0 3	☑ Actual ☐ Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia	ation for						
State: CN for Canada; FN for other foreign ju	risdiction) DE						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-97)

A. BASIC IDENTIFICATION DATA	

- Enter the information requested for the following: 2.
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

* Each executive office	er and director of	f com	oorate issuers and of	corp	orate general and ma	anagi	ng partners	of par	tnership issuers; and
 Each general and ma 	naging partner o	f part	nership issuers.						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Goldman Sachs Asset Manag	ement, L.P. (th	e Iss	uer's Managing Mo	embe	r)				
Business or Residence Address	(Number and	l Stre	et, City, State, Zip C	Code)					
32 Old Slip, New York, New	York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Beinner, Jonathan A.									
Business or Residence Address	(Number and	i Stre	et, City, State, Zip C	Code)					
32 Old Slip, New York, New	York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Carhart, Mark M.									
Business or Residence Address	(Number and	l Stre	et, City, State, Zip (Code)					
32 Old Slip, New York, New	York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i Clark, James	ndividual)								
Business or Residence Address	(Number and	Stre	et, City, State, Zip ('ode)					
32 Old Slip, New York, New		. 5	ei, eity, biate, zip e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Check Box(es) that Apply:	☐ Promoter	Ö	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Dempsey, Thomas	,								
Business or Residence Address	(Number and	l Stre	et, City, State, Zip (Code)					
32 Old Slip, New York, New	York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
De Santis, Giorgio									
Business or Residence Address	(Number and	i Stre	ct, City, State, Zip C	Code)					
32 Old Slip, New York, New	York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director	o o	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Iwanowski, Raymond J.									
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	Code)					
32 Old Slip, New York, New	York 10005								

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual) Johnson, Michael									
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, New York 10005									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual) Mulvihill, Donald J.									
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, New York 10005									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual) Vanecek, Richard C.									
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, New York 10005									
Check Box(cs) that Apply:									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(cs) that Apply:									
Full Name (Last name first, if individual)									

Business or Residence Address (Number and Street, City, State, Zip Code)

•				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
										· - · - · - · - · · · · · · · · · · · ·	Yes	No
1. Has th	e issuer sol	d, or does th		-				•				☑
			A	Answer also	in Append	ix, Column	2, if filing i	under ULO	Ē.			
2. What i	is the minim	num investn	nent that wil	I be accept	ed from any	individual)				\$	0,000*
*The Issuer may accept subscriptions for lesser amounts in the sole discretion of the Managing Member. 3. Does the offering permit joint ownership of a single unit?											Yes ⊠	No
	the informa											
If a pe or state	rson to be li es, list the r er or dealer,	isted is an a same of the	ssociated pe broker or d	erson or age ealer. If me	ent of a brok ore than five	er or dealer (5) person	registered s to be liste	with the SE	C and/or wi	ith a state		
	(Last name				TOT MAY DIC	, Ker or dear						
Goldman	, Sachs & C	`o										
	or Residence		Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v Vork Ne	w York 10	00 <i>4</i>								
	Associated E									-		
	Which Perso All States" of										——————————————————————————————————————	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[Ø/1] [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[rN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	Address (l	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer									
	Which Perso All States" o											l States
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name		ividual)									
Business o	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	Associated B	broker or De	aler									
	Vhich Perso All States" of											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	(TN)	[TX]	IUTI	[VT]	[VA]	[WA]	(MA)	rwii	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$_	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify: Limited Liability Company Units)	\$	1,268,720,699	\$	1,268,720,699
	Total	\$	1,268,720,699	\$	1,268,720,699
	Answer also in Appendix, Column 3, if filing under ULOE.	_			, ,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate Dollar Amount
	Association and a		Investors	•	of Purchases
	Accredited Investors	-	531	\$	1,268,720,699
	Non-accredited Investors	-	0	\$	
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$. \$	N/A
	Rule 504	-		ૐ. \$	
	Total	-	N/A	•	N/A
	rotar	_	N/A	э.	N/A
tł tł	a.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	458,994
	Accounting Fees			\$	0
	Engineering Fees.			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		図	\$	458,994

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENS	ES A	AND USE OF P	ROCE	EDS	
	b. Enter the difference between the aggregate offering price given in response to - Question 1 and total expenses furnished in response to Part C - Question 4. difference is the "adjusted gross proceeds to the issuer."	a. Th	is		\$_	1	,268,261,705
•	Indicate below the amount of the adjusted gross proceeds to the issuer used or p to be used for each of the purposes shown. If the amount for any purpose is not furnish an estimate and check the box to the left of the estimate. The tota payments listed must equal the adjusted gross proceeds to the issuer set forth in to Part C - Question 4.b. above.	knows lofth	n, ie				
				Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees		\$_	0		\$_	0
	Purchase of real estate		\$_	0	_ 🗆	s _	0
	Purchase, rental or leasing and installation of machinery and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings and facilities		\$_	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	0		\$	0
	Repayment of indebtedness		\$ -	0		\$ -	0
	Working capital		\$	0	-	\$	0
	Other (specify): Investment Capital.	_	\$	0	 21	s –	1,268,261,705
	Column Totals		\$_	0	_ Ø	\$_	1,268,261,705
	Total Payments Listed (column totals added)			☑ \$	1,268,2	261,70	05
_	D. FEDERAL SIGNATU	RE					
fo	ne issuer has duly caused this notice to be signed by the undersigned duly auth llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Sits staff, the information furnished by the issuer to any non-accredited investor pur	ecuriti	ies an	d Exchange Com	nission,	upon	
ssu	er (Print or Type) Signature			Date			
Gol	dman Sachs Direct Strategies Fund, LLC			April 16, 200	7		
lan	ne of Signer (Print or Type) Title of Signer (Print or Type)				 		
ticl	nard Cundiff Authorized Person						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).